

EXHIBIT “C”

DJD4274
RECEIVED
RECORDED
RECORDED FOR
RECORDED FOR

OREGON UNIFORM CITATION AND COMPLAINT
Use for All Violations or Crimes Where Separate Complaint Will Not be Filed ORS 153.045 or 133.080

CRIME(B) OR VIOLATION(S) TYPE OTHER
(see A below) (Not Both) (see B below)

STATE OF OREGON
CITY/OTHER PUBLIC BODY GRANTS PASS
COUNTY OF JOSEPHINE
Case No. 19-38544
Court JOSEPHINE CO CIRCUIT COURT

DEFENDANT The undersigned certifies and says that the following person:
ID Type DL ID No. 8785489 State OR Ph.
Name: Last KELLIM SR First SHAWN MI: JAY
Address 10797 BUCKHORN RD
City GLIDE State OR Zip 97443 Passenger:
Sex: M Race: WHT DOB: 07/20/1969 Hgt: 5'08" Wgt: 175 Hair: BLD
Eyes: Lic. Exp. 2027 Juv.: Lic. Class/C: C Emp. to Drive:

TIME/PLACE
At the following time and place in the above-mentioned state and county:
On or About Date/Time: 09/15/2019 04:20 PM
At or Near City
1587 NW WASHINGTON BLVD

GRANTS PASS
NB: SB: EB: WB:
Highway: Premise Open to Public: Other:

VEHICLE Involving the following:
Year: Make: Model:
Color: Type:
Regis/Vin/ID#: State:
Accident: Prop. Damage: Injury: Endanger Other:
Com'l Veh: Haz Mat: Driver Not Reg. Owner:
Other: Com'l Pass:

OFFENSE(S) Did the defendant commit the following offense(s):
HWY Work Zone: School Zone: VBR: Safety Corridor:
Radar: Pace: Laser: Other:
Alleged Speed: Designated Speed: Posted Limit:
Offense #: 166.023 (2.A)
DISORDERLY CONDUCT I - MISDEMEANOR DOC
Warning:
Presumptive Fine1: MUST APPEAR
Intentional: Knowing: Reckless:
Criminal Negligence: No Culpable Mental State:
Offense #:
Warning:
Presumptive Fine2:
Intentional: Knowing: Reckless:
Criminal Negligence: No Culpable Mental State:
Offense #:
Warning:
Presumptive Fine3:
Intentional: Knowing: Reckless:
Criminal Negligence: No Culpable Mental State:

OTHER

Expl. _____

SIGNATURE
I certify under ORS 153.045 and 153.080 and under other applicable law and under penalties for false swearing, do swear/affirm that I have sufficient grounds to and do believe that the above-mentioned defendant/person committed the above offense(s) and I have served the defendant/person with this complaint.

Signature of Officer: ARTOFF, TIM.
Officer name1: ARTOFF, TIM. Officer ID: 54323
Officer name2: _____ Officer ID: _____
Agency Name: GRANTS PASS DPS
Issue Date: 08/15/2019

YOUR COURT APPEARANCE DATE, TIME AND LOCATION ARE
08/10/2019 09:00 AM
Location: JOSEPHINE CO CIRCUIT COURT
500 NW 6TH STREET
GRANTS PASS OR 97526
541-478-2309